Name in Full

Certificate of Death

Mrs. Angeline Bowers

Died at near Town Minotown County Carroll MARYLAND

Date 189 9 Month 6 Day 8 Age Y. M. D. Native of Occupation

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ Wife of David Bowers

Father's Name

Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Carroll Record

Address 6-17

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Samuel McKinley Boyer

Died at Town Westminster County Carroll MARYLAND

Date 1899 Month 6 Day 6 Age Y. M. D. 30 Native of American Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name Dont Know

Mother's Name Elizabeth A Boyer

Cause of Death Primary 161

Immediate

How long sick Do not Know

Accident, Suicide, Homicide

OVER

Reported by James M. Stoner

Address Westminster Md.

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. No Doctor

of

Seen by Coroner No Coroner

of

Information contained in this certificate received from Jos Wilcox

of Westminster, Md

Name in Full

Certificate of Death

Henry Brown

Town

Died at Union Mills County Carroll MARYLAND

Date 1899	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	June	12		83	10	17	Maryland	Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 6

~~Wife~~ Husband of Mary Brown

Father's Name Peter Brown

Mother's Name Mary Hoffmyle

Cause of Death: Primary Age — How long sick Six Months

Immediate Dropsy — 155a — ~~Accident, Suicide, Homicide~~

Reported by Dr J J Stewart

Address Union Mills Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Saml M Brown

Certificate of Death

Died at Town: Westminster County: Carroll MARYLAND

Date 1899 Month: 6 -- 6 Age: Y. 3 M. 2 D. 5 Native of: Westminster Occupation: Clerk

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single Widow Widower Divorced Number of children living

Husband of
Wife

Father's Name: Benjamin Brown

Mother's Name: Nora Brown

Cause of Death: Primary: Croup

Immediate: "

How long sick: 2 weeks

Accident, Suicide, Homicide

Reported by: H W Wilcox

Address: Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full

Certificate of Death

Mrs. Barbara Dock

Town County

Died at near Westminster Carroll MARYLAND

Month Day Y. M. D. | Native of | Occupation

Date 189 9 6 - 21 pm Age 68

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

~~Husband~~ of Zachariah Dock

Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by American Sentinel 7+1 pm

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Clarence E. Dorsey

Died at Town Westminster County Carroll MARYLAND

Date 1899 Month 6 Day 6 Age Y. 3 M. 22 D. Native of American Occupation —

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Geo. Dorsey Mother's Name Ada Dorsey

Cause of Death Primary Brain Fever How long sick

Immediate 399 Accident, Suicide, Homicide

OVER

Reported by Jas. M. Stoner

OVER

Address Westminster Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Charles E. Fouty

of Westminster

Seen by Coroner

of

Information contained in this certific[illegible]

celved from Joseph Wilcox

of Westminster

Name in Full | Certificate of Death

Anna Dugans.

Died at Town: Marston, County: Carroll MARYLAND

Date 1899 Month: June Day: 1 | Age Y. 60 M. D. | Native of: Frederick Co. | Occupation: Wife

~~Male~~ ~~White~~ Married Widow ~~Divorced~~

Female Colored ~~Single~~ Widower Number of children living 5

~~Husband~~ Wife of Henry Dugans. 57

Father's Name James Carter, Mother's Name Unknown.

Cause of Death: Primary Valvular lesion of Heart | How long sick ½ hour

Immediate [redacted] | ~~Accident, Suicide, Homicide~~

Reported by R. G. Franklin,

Address Marston, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

...s below, and to List of Diseases on back.

...epartment, City of Baltimore,

Permit No. A 5743 Office of Registrar of Vital Statistics. Ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12 99.

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Fred Fisher

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 9. *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, baby.

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland 9 mos.

Duration of Residence in the City of Baltimore, 9 mos.

Place of Death, {Give Street and Number.} Garret. Sanitarium N. Carey

Cause of Death, First (Primary), Cerebro Sp Meningitis

Second (Immediate), " " "

Duration of Last Sickness, 11 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, June 14/99

Undertaker, Ph. J. Dill & Son

Place of Business, 746 Columbia Ave

Walter Platt. per W. G. Platt — M.D.,
Medical Attendant.

Address, Garrett Sanitarium

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

Enume...

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Varicty and Ca...

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full

Certificate of Death

Peter Forsythe

Died at Town Taneytown County Carroll MARYLAND

Date 189 9 Month 6 Day 5 Age Y. 79 M. 3 D. 5 Native of Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Carroll Record 6-10

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 74565

Name in Full Helen Gara Hann

Certificate of Death

Died at Town Hampstead County Carroll MARYLAND

Date 189 9 Month 6 Day 18 Age Y. 3 M. 11 D. 20 Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Francis Hann Mother's Name Gara Hann

Cause of Death Primary Diphtheria 8a How long sick

Immediate Accident, Suicide, Homicide

Reported by Enterprise Hampstead

Address 6-16

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full | Certificate of Death

Elias Henderson

Died at Town: Winfield | County: Carroll | MARYLAND

Date 1895 Month: June Day: 20 | Age Y. 74 M. 2 D. 24 | Native of: Carroll Md | Occupation: Farmer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: John Henderson | Mother's Name: Lydia Smith

Cause of Death: Primary: General Debility | How long sick: 4 Months

Immediate: " 141 | Accident, Suicide, Homicide

Reported by: Lewis A. Alandge Physician

Address: Long. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full Russell O. Lister

Certificate of Death

Died at Town Lauver County Carroll MARYLAND

Date 1899 Month 6 Day 7 | Age Y. 4 M. 7 D. 20 | Native of Md | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow Widower Divorced Number of children living 7

Husband of Wife David H. Lister

Father's Name David H. Lister Mother's Name Annie Lister

Cause of Death Primary Convulsions How long sick 12 days

Immediate Cerebro Spinal Men

Accident, Suicide, Homicide

Reported by M L Bott

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full

Certificate of Death

Elizabeth Ann Lowry

Died at Town: Westminster County: Carroll MARYLAND

Date 189 9 Month: June Day: 10 | Age Y. 68 M. 0 D. 22 | Native of Westminster | Occupation Housewife

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced

Number of children living 4

~~Husband~~ Wife of Wm. W. T. Lowry 120

Father's Name John B. Snowden | Mother's Name Margaret Koons

Cause of Death: Primary General Debility — How long sick 2 days

Immediate Colera Morbus.

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Chas R Fouts. M.D.

Address Westminster Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full

Certificate of Death

Hamilton Magruder

Town County

Drowned in Little Pipe Creek near Linwood Carroll MARYLAND

~~Died at~~

Date 1899 Month 6 Day 21st Y. M. D. Age | Native of | Occupation

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name Grason Magruder Mother's Name 148

Cause of Death Primary Drowned

Immediate

How long sick

Accident, ~~Suicide, Homicide~~

Reported by American Sentinel 7-1st

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

John. D. Miller

Certificate of Death

Died at Town: Gamber County: Carroll MARYLAND

Date 1899 Month: June Day: 30 | Age Y. 23 M. — D. — | Native of Maryland | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name Jacob Miller | Mother's Name Elizabeth Arnold

Cause of Death: Primary Accident | How long sick

Immediate | Accident, ~~Suicide Homicide~~

OVER

Reported by Frank C. Shaner Undertaker

Address Westminster

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. _____

of _____

Seen by Coroner J Hoffman Sims

of Westminster Md

Information contained in this certificate received from _____

of _____

Name in Full | Certificate of Death

Jno L Miller

Died at Town: Gamber | County: Carroll | MARYLAND

Date 1894 | Month: June | Day: 30 | Age Y. 24 M. – D. – | Native of: Md | Occupation: Laborer

Male | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | Single | ~~Widower~~ | ~~Number of children living~~

~~Husband~~ / ~~Wife~~ of

Father's Name: Jacob Miller | Mother's Name: Arnold

Cause of Death: Primary: Concussion Brain | How long sick: 3 hours

Immediate: Cerebral Hemorrhage | Accident, ~~Suicide, Homicide~~

Reported by: D. S. N. Gorrell

Address: Gamber Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 79708

Name In Full | Certificate of Death

August Mueller

Carroll Co. 5[illegible]

Died at Town: Second Hospital for the Insane County: Sykesville MARYLAND

Date 1899 Month: June Day: 14th Age Y.: 41 M.: — D.: — Native of: Balto. Md Occupation: Salesman

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name: Frederick Mueller Mother's Name: Bertha Mueller

Cause of Death: Primary: General Paresis — How long sick: Two months

Immediate: Apoplexy — ~~Accident, Suicide, Homicide~~

Reported by: Charles J. Carey M.D.

Address: Second Hospital Sykesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Name in Full | Certificate of Death

Jeanette Nicodemus

Died at Town: Sam's Creek County: Carroll Co. MARYLAND

Date 1899 Month: June Day: 22 | Age Y.: 48 M.: 3 D.: 21 | Native of: Fred. Co | Occupation: Wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife of Morgan M. Nicodemus

Father's Name ~~F~~ Thomas Mother's Name Thomas

Cause of Death: Primary Typhoid 1 | How long sick 8 days

Immediate Heart failure | ~~Accident, Suicide, Homicide~~

Reported by B. G. Franklin, M.D.

Address Marston Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full # 5196 Rudolph Osterhous

Certificate of Death

Died at Town Westminster County Carroll MARYLAND

Date 1899 Month 6 Day 30 | Age Y. 36 M. D. | Native of | Occupation Labour

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Copy Mother's Name

Cause of Death Primary 96 How long sick

Immediate Acute Albuminuria. Accident, Suicide, Homicide

Reported by Jos. T. Ferring, M. D.

Address Westminster, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Catherine Ann Ward

Died at Town: Westminster County: Carroll MARYLAND

Date 189 9 Month: June Day: 1 | Age Y. 75 M. 6 D. 18 | Native of Va. | Occupetion

~~Male~~ Femele | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living 1

~~Husband~~ Widow of Rev. J. J. Ward, D. D.

Father's Name Jacob Light | Mother's Name Ruth Light

Cause of Death | Primary | How long sick

OVER

Immediate Hemorrhage | Accident, Suicide, Homicide

Reported by Frank C. Harner undertaker

Address Westminster Md.

OVER

Must be signed by physician, if eny in ettendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 70888

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from J. N. Lewis

of Westminster Md.

Name In Full Harry Edward Wills

Certificate of Death

Died at Town Hampstead County Carroll MARYLAND

Dete 189 9 Month 6 Day 23 | Age Y. 3 M. 6 D. 26 | Native of | Occupetion

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single / Widow / Widower / Divorced | Number of children living

Husband of
Wife

Fether's Name R. F. Wills

Mother's Name Anna Wills

Cause of Deeth — Primary: Diphtheria 5 a — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Enterprise Hampstead

Address 6-16

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70005